

State of Rhode Island & Providence Plantations

TRAFFIC TRIBUNAL

345 Harris Avenue
Providence, RI 02909

APPEAL FORM

Rhode Island General Laws §§ 8-18-9, 31-411-8, or 31-31-2 establishes the right to appeal within ten (10) days of notice of decision. The fee for this appeal is twenty-five (\$25.00) dollars.

You must complete this form and state your reasons for this appeal on the second page of this form. (Attach additional pages if necessary.) If your appeal does not show sufficient grounds, it will be denied.

Failure to file this APPEAL FORM and pay the fee within ten (10) days of decision will deny your opportunity for an appeal.

This is an appeal from a decision by:

☐ Traffic Tribunal ☐ Municipal Court ☐ Registry of Motor Vehicles
Safety Responsibility Section

COMPLETE THE FOLLOWING:

Last Name First Name MI

Address (Number and Street, City, State and Zip Code) Telephone # Home Work

Date of Hearing Location Time Summons No. or Case No.

License Number State Date of Birth

ATTORNEY OF RECORD MUST FILL OUT THE FOLLOWING:

Name Bar Registration Number

Address

City State Zip Code Telephone No.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

TRAFFIC TRIBUNAL
345 Harris Avenue
Providence, R.I. 02909 - 1082

Request for Tape Form/Waiver

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: Home () _____ Work () _____

Trial Information

SumNo. _____ Trial Date: _____ Judge: _____ Location: _____

Please Check One

() Please mail my request to the above address:

() Please call when ready someone will pick up the tape.

Signature of Receipt: _____ Date: _____

WAIVER

I hereby waive my right to a copy of the trial/appeal tape.

Signature: _____ Date: _____

State of Rhode Island & Providence Plantations
TRAFFIC TRIBUNAL

345 Harris Avenue
Providence, RI 02909

PROOF OF SERVICE FORM

FOR CASE NUMBER (OR SUMMONS NUMBER): _____

I hereby certify that on _____ I served a certified copy of the APPEAL FORM to:

- ☐ Department of the ATTORNEY GENERAL (For Breathalyzer Cases Only)
- ☐ POLICE DEPARTMENT (For Traffic Tribunal or Municipal Court Appeals)
- ☐ REGISTRY OF MOTOR VEHICLES (For Safety Responsibility Appeals)

Appellant's Name: _____

Signature: _____

ACKNOWLEDGMENT OF SERVICE

On _____ I acknowledge receipt of service of the CERTIFIED COPY of the
PETITION FOR REVIEW OF AGENCY DECISION.

Signature: _____

Date: _____